



CIBMTR Center Number:

CIBMTR Recipient ID:

13. Specify the number of relapses of MS during the 2-year period prior to mobilization for stem cell collection (or high-dose therapy if mobilization not done):    number unknown

14. Did the recipient's disease progress during the 2-year period prior to mobilization for stem cell collection (or high-dose therapy if mobilization not done)?

- 1  yes
- 2  no
- 3  unknown

### Treatment for Multiple Sclerosis

15. Did the recipient receive any disease-modifying treatments between the time of diagnosis and prior to mobilization for stem cell collection (or high-dose therapy if mobilization not done)?

- 1  yes → **Continue with table below**
- 2  no → **Continue with question 101**

Treatment Stopped Codes			
1 Failure	2 Toxicity	3 Other reason	4 Reason unknown

Treatment Given?	Treatment Stopped?	Stopped Code	
16. $\alpha$ -interferon			
1 <input type="checkbox"/> yes →	17. 1 <input type="checkbox"/> yes →	18. <input type="text"/>	19. If code 3, specify other reason: _____
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no		
3 <input type="checkbox"/> unknown			
20. $\beta$ -interferon			
1 <input type="checkbox"/> yes →	21. 1 <input type="checkbox"/> yes →	22. <input type="text"/>	23. If code 3, specify other reason: _____
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no		
3 <input type="checkbox"/> unknown			
24. Anti-lymphocyte antibodies			
1 <input type="checkbox"/> yes →	25. 1 <input type="checkbox"/> yes →	26. <input type="text"/>	27. If code 3, specify other reason: _____
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no		
3 <input type="checkbox"/> unknown			
28. Azathioprine			
1 <input type="checkbox"/> yes →	29. 1 <input type="checkbox"/> yes →	30. <input type="text"/>	31. If code 3, specify other reason: _____
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no		
3 <input type="checkbox"/> unknown			
32. Cop-I			
1 <input type="checkbox"/> yes →	33. 1 <input type="checkbox"/> yes →	34. <input type="text"/>	35. If code 3, specify other reason: _____
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no		
3 <input type="checkbox"/> unknown			
36. Corticosteroids — chronic low-dose			
1 <input type="checkbox"/> yes →	37. 1 <input type="checkbox"/> yes →	38. <input type="text"/>	39. If code 3, specify other reason: _____
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no		
3 <input type="checkbox"/> unknown			
40. Corticosteroids — pulse high-dose			
1 <input type="checkbox"/> yes →	41. 1 <input type="checkbox"/> yes →	42. <input type="text"/>	43. If code 3, specify other reason: _____
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no		
3 <input type="checkbox"/> unknown			
44. Craniospinal irradiation			
1 <input type="checkbox"/> yes →	45. 1 <input type="checkbox"/> yes →	46. <input type="text"/>	47. If code 3, specify other reason: _____
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no		
3 <input type="checkbox"/> unknown			

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Treatment Stopped Codes			
1	2	3	4
Failure	Toxicity	Other reason	Reason unknown

Treatment Given?	Treatment Stopped?	Stopped Code	
48. Cyclophosphamide			
1 <input type="checkbox"/> yes	→ 49. 1 <input type="checkbox"/> yes	→ 50. <input type="text"/>	51. If code 3, specify other reason: _____
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no		
3 <input type="checkbox"/> unknown			
52. Lymphocytophoresis			
1 <input type="checkbox"/> yes	→ 53. 1 <input type="checkbox"/> yes	→ 54. <input type="text"/>	55. If code 3, specify other reason: _____
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no		
3 <input type="checkbox"/> unknown			
56. Mitoxantrone			
1 <input type="checkbox"/> yes	→ 57. 1 <input type="checkbox"/> yes	→ 58. <input type="text"/>	59. If code 3, specify other reason: _____
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no		
3 <input type="checkbox"/> unknown			
60. Plasmapheresis			
1 <input type="checkbox"/> yes	→ 61. 1 <input type="checkbox"/> yes	→ 62. <input type="text"/>	63. If code 3, specify other reason: _____
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no		
3 <input type="checkbox"/> unknown			
64. Total lymph node irradiation (TLI)			
1 <input type="checkbox"/> yes	→ 65. 1 <input type="checkbox"/> yes	→ 66. <input type="text"/>	67. If code 3, specify other reason: _____
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no		
3 <input type="checkbox"/> unknown			
68. Other treatment			
1 <input type="checkbox"/> yes	→ 69. Specify other treatment: _____		
2 <input type="checkbox"/> no	70. 1 <input type="checkbox"/> yes	→ 71. <input type="text"/>	72. If code 3, specify other reason: _____
3 <input type="checkbox"/> unknown	2 <input type="checkbox"/> no		

### Pre-Mobilization Evaluation

Information for this section should come from the most recent evaluation prior to the initiation of mobilization therapy (≤ 4 weeks prior to mobilization for stem cell collection). If the recipient did not receive mobilization therapy, check here  and continue with question 108.

73. Date of evaluation prior to mobilization for stem cell collection:            
Month Day Year

74. Was the Scripps neurological rating scale conducted prior to mobilization?  
1  yes → 75. Specify the Scripps scale score:     Scripps scale score unknown  
2  no  
3  unknown

76. Was the Kurtze functional systems scale conducted prior to mobilization?  
1  yes → Specify the following Scripps Kurtze functional systems scale scores:  
2  no  
3  unknown

77. Pyramidal:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> scale score unknown
78. Cerebellar:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> scale score unknown
79. Brain stem:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> scale score unknown

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80. Sensory:	<input type="text"/> <input type="text"/>	<input type="checkbox"/> scale score unknown
81. Bowel / bladder:	<input type="text"/> <input type="text"/>	<input type="checkbox"/> scale score unknown
82. Visual:	<input type="text"/> <input type="text"/>	<input type="checkbox"/> scale score unknown
83. Cerebral:	<input type="text"/> <input type="text"/>	<input type="checkbox"/> scale score unknown
84. Other function:	<input type="text"/> <input type="text"/>	85. Specify other function: _____ <input type="checkbox"/> scale score unknown

86. Was the Kurtze Expanded Disability Status Scale (EDSS) conducted prior to mobilization?

- 1  yes
- 2  no
- 3  unknown

87. Specify the Kurtze EDSS score:	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="checkbox"/> Kurtze EDSS score unknown
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88. Was a timed 25-foot walk conducted prior to mobilization?

- 1  yes
- 2  no
- 3  unknown

89. Was an assistive device used?				
1 <input type="checkbox"/> yes				
2 <input type="checkbox"/> no				
90. Specify assistive device:				
1 <input type="checkbox"/> unilateral assistance (cane or crutch)				
2 <input type="checkbox"/> bilateral assistance (canes or crutches)				
3 <input type="checkbox"/> walker or similar device				
91. Time for Trial 1:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	seconds	1 <input type="checkbox"/> did not complete walk	2 <input type="checkbox"/> time unknown
92. Time for Trial 2:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	seconds	1 <input type="checkbox"/> did not complete walk	2 <input type="checkbox"/> time unknown

93. Was a 9-hole peg test conducted prior to mobilization?

- 1  yes
- 2  no
- 3  unknown

Specify the time trial results for the recipient's dominant hand:				
94. Time for Trial 1:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	seconds	1 <input type="checkbox"/> did not complete trial	2 <input type="checkbox"/> time unknown
95. Time for Trial 2:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	seconds	1 <input type="checkbox"/> did not complete trial	2 <input type="checkbox"/> time unknown
Specify the time trial results for the recipient's non-dominant hand:				
96. Time for Trial 1:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	seconds	1 <input type="checkbox"/> did not complete trial	2 <input type="checkbox"/> time unknown
97. Time for Trial 2:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	seconds	1 <input type="checkbox"/> did not complete trial	2 <input type="checkbox"/> time unknown

98. Was a Paced Auditory Serial Addition Test (PASAT) conducted prior to mobilization?

- 1  yes
- 2  no
- 3  unknown

99. Specify the PASAT 3 score:	<input type="text"/> <input type="text"/>	range (0–60)	<input type="checkbox"/> score unknown
100. Specify the PASAT 2 score:	<input type="text"/> <input type="text"/>	range (0–60)	<input type="checkbox"/> score unknown

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101. Was a MRI scan of the brain conducted prior to mobilization?

- 1  yes  
2  no  
3  unknown

102. Date of most recent MRI:            date unknown  
Month Day Year

103. Are gadolinium-enhancing lesions present on the MRI?  
1  yes  
2  no

104. Specify number of lesions:    number unknown

Specify if the MRI met the following criteria:

105. 1  yes 2  no 3  unknown Criteria of Paty 3 or more T2-hyperintensities with 1 bordering the lateral ventricle

106. 1  yes 2  no 3  unknown Criteria of Fazekas 3 or more T2-hyperintensities with at least 2 of the following lesion characteristics:  
• Size > 5 mm  
• Abutting ventricular wall  
• Infratentorial location

107. 1  yes 2  no 3  unknown Criteria of Barkhof • Gadolinium-enhancing lesion (at least 1)  
• Juxtacortical location (at least 1)  
• Periventricular location (at least 3)  
• Infratentorial location (at least 1)

### Evaluation Prior to the Preparative Regimen (High-Dose Therapy)

Information for this section should come from the most recent evaluation performed ≤ 2 weeks prior to the preparative regimen. If the recipient was not evaluated prior to the preparative regimen, check here  and continue with the signature lines at question 142.

108. Date of evaluation prior to the preparative regimen:              
Month Day Year

109. Was the Scripps neurological rating scale conducted prior to the preparative regimen?

- 1  yes  
2  no  
3  unknown

110. Specify the Scripps scale score:     Scripps scale score unknown

111. Was the Kurtze functional systems scale conducted prior to the preparative regimen?

- 1  yes  
2  no  
3  unknown

Specify the following Scripps Kurtze functional systems scale scores:

112. Pyramidal:    scale score unknown

113. Cerebellar:    scale score unknown

114. Brain stem:    scale score unknown

115. Sensory:    scale score unknown

116. Bowel / bladder:    scale score unknown

117. Visual:    scale score unknown

118. Cerebral:    scale score unknown

119. Other function:   120. Specify other function: \_\_\_\_\_  scale score unknown

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121. Was the Kurtze Expanded Disability Status Scale (EDSS) conducted prior to the preparative regimen?

- 1  yes
- 2  no
- 3  unknown

122. Specify the Kurtze EDSS score:   .   Kurtze EDSS score unknown

123. Was a timed 25-foot walk conducted prior to the preparative regimen?

- 1  yes
- 2  no
- 3  unknown

124. Was an assistive device used?

- 1  yes
- 2  no

125. Specify assistive device:

- 1  unilateral assistance (cane or crutch)
- 2  bilateral assistance (canes or crutches)
- 3  walker or similar device

126. Time for Trial 1:    .  seconds 1  did not complete walk 2  time unknown

127. Time for Trial 2:    .  seconds 1  did not complete walk 2  time unknown

128. Was a 9-hole peg test conducted prior to the preparative regimen?

- 1  yes
- 2  no
- 3  unknown

Specify the time trial results for the recipient's dominant hand:

129. Time for Trial 1:    .  seconds 1  did not complete trial 2  time unknown

130. Time for Trial 2:    .  seconds 1  did not complete trial 2  time unknown

Specify the time trial results for the recipient's non-dominant hand:

131. Time for Trial 1:    .  seconds 1  did not complete trial 2  time unknown

132. Time for Trial 2:    .  seconds 1  did not complete trial 2  time unknown

133. Was a Paced Auditory Serial Addition Test (PASAT) conducted prior to the preparative regimen?

- 1  yes
- 2  no
- 3  unknown

134. Specify the PASAT 3 score:   range (0–60)  score unknown

135. Specify the PASAT 2 score:   range (0–60)  score unknown

CIBMTR Center Number:

CIBMTR Recipient ID:

136. Was a MRI scan of the brain conducted prior to the preparative regimen?

- 1  yes
- 2  no
- 3  unknown

137. Date of most recent MRI:

Month

Day

2 0    
Year

date unknown

138. Are gadolinium-enhancing lesions present on the MRI?

- 1  yes
- 2  no

139. Specify number of lesions:

number unknown

140. Are any new lesions present on the MRI?

- 1  yes
- 2  no

141. Specify the new lesions present:

- 1  gadolinium-enhancing
- 2  unenhancing
- 3  both
- 4  unknown

142. Signed: \_\_\_\_\_

*Person completing form*

Please print name: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail address: \_\_\_\_\_